

## RTO Form: Class Evaluation- Individual Unit or Cluster

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Qualification: \_\_\_\_\_

Unit Name: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer/Assessor Name: \_\_\_\_\_

**1. How would you rate the training in relation to you current role?**

Circle one of the preferences below 1 being least useful, 5 being most useful

1                      2                      3                      4                      5

**2. How would you rate the training in relation to a future role (where you have undertaken a course for this purpose)?**

Circle one of the preferences below 1 being least useful, 5 being most useful

1                      2                      3                      4                      5

**3. Did the training include a variety of activities such as PowerPoint, discussion, practical work, role play etc. to assist learning to occur?**

Yes                       No

Comment: \_\_\_\_\_  
\_\_\_\_\_

**4. Did you receive any physical resources such as handouts etc.?**

Yes                       No

**5. If you received a physical resource please rate them by circling your preferred option. (One being least useful and five being most useful)**

1                      2                      3                      4                      5

Comment: \_\_\_\_\_  
\_\_\_\_\_

**6. How did you find the educator? Tick any that apply**

Helpful                       Informative                       Engaging                       Patient                       Interesting                       Boring  
 Not helpful                       Rude

Comment: \_\_\_\_\_  
\_\_\_\_\_

**7. What would you say are the most important or useful things that you have learnt from attending this session?**

\_\_\_\_\_  
\_\_\_\_\_

**8. What was difficult or hard about this session?**

\_\_\_\_\_  
\_\_\_\_\_

**9. Do you have any other comments or suggestions for this unit/s?**

\_\_\_\_\_  
\_\_\_\_\_